

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<u>Eugene Yamamoto</u>		<u>9/26/18</u>	<u>\$ 106,717</u>
	Address			
	Street			
	<u>P.O. Box 1084</u>			
	<u>Lafayette, CA 94549</u>			
	City State ZIP Code			
	Email or website address			
	<u>geney63law@gmail.com</u>			
	Who made the payment, if not debtor?			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.				\$
	Address			
	Street			
	City State ZIP Code			
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$
Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1.	<u>Mike Vo</u> Address <u>17910 Skypark Circle #103</u> Street <u>Irvine, CA 92614</u> City State ZIP Code Relationship to debtor <u>Attorney</u>	<u>Legal Services</u>	<u>06/1/17</u> <u>06/19/17</u> <u>12/8/17</u>	<u>\$ 12000</u>
13.2.	<u>Wendel Rosen</u> Address <u>1111 Broadway</u> Street <u>Oakland, CA 94607</u> City State ZIP Code Relationship to debtor <u>Attorney</u>	<u>Legal Services</u>	<u>04/7/17</u> <u>12/27/17</u>	<u>\$ 5363.99</u>

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy	
		From	To
14.1.	<u>920 Webster St</u> Street <u>Oakland, CA 94607</u> City State ZIP Code	<u>1986</u>	<u>9/30/18</u>
14.2.	<u></u> Street <u></u> City State ZIP Code	<u></u>	<u></u>

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13.3	Fisher Phillips Attorney One Embarcadero Center #2050 San Francisco, CA 94111	8/26/18	\$ 36,296.21
13.4	Fisher Phillips Special Consultant One Embarcadero Center #2050 San Francisco, CA 94111	8/18/18	\$ 2125
13.5	Alameda Superior Court Appeal Surety One Embarcadero Center #2050 San Francisco, CA 94111	9/15/17	\$ 28,955.11
13.6	Dan Crowley Legal Services 601 Montgomery St. #333 San Francisco, CA 94111	9/24/18	\$ 30,000

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name	_____	_____
_____	_____	_____
Street _____	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
_____	_____	Check all that apply:
City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> Electronically
		<input type="checkbox"/> Paper
Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2. _____	_____	_____
Facility name	_____	_____
_____	_____	_____
Street _____	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
_____	_____	Check all that apply:
City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> Electronically
		<input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained. _____
Does the debtor have a privacy policy about that information?
☐ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:
Name of plan _____ Employer identification number of the plan _____
EIN: _____ - _____
Has the plan been terminated?
☐ No
☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____ Address _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____ Address _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes